

SENDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Clark Reliance Corporation
c/o Mr. Dennis L. Pesek
16633 Foltz Industrial parkway
Strongsville, OH 44136

A. Signature

J. Faus

 Agent Addressee

B. Received by (Printed Name)

J. Faus

C. Date of Delivery

7/23

D. Is delivery address different from item 1?

 Yes

If YES, enter delivery address below:

2010 1607

2. Article Number
(Transfer from service label)

7003 3110 0004 0799 4714

3. Service Type

Certified Mail

 Express Mail

Registered

Return Receipt for Merchandise

Insured Mail

C.O.D.

4. Restricted Delivery? (Extra Fee)

 Yes

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1540